

Division of Medicaid and Long-Term Care

State of Nebraska Dave Heineman, Governor

Please share and forward this information with administrative, clinical, and billing staff.

In order to bring MIPS up to current Medicaid Provider Enrollment standards there are 4 forms that **must** be completed when enrolling a new MIPS provider moving forward. Failure to submit all 4 forms will result in the Provider Enrollment being denied and sent back to the district for additional action. It is also important to ensure you are using the most current version of each form. The best way to ensure this by following the links provided throughout the rest of this email.

The 4 required forms are:

- MC-19 http://dhhs.ne.gov/medicaid/Documents/MC19.pdf
- MLTC -62 http://dhhs.ne.gov/medicaid/Documents/MLTC-62.pdf
- ACH http://dhhs.ne.gov/medicaid/Documents/eft.pdf
- W-9 http://apps.irs.gov/app/picklist/list/formsInstructions.html

The ACH form pertains to the district's banking information. This information will rarely change so we have been given direction to simply write, 'No Change' on the top of the ACH form when submitting it with a new provider enrollment. If the district has changed its banking information the form will need to be completed in its entirety.

The Federal W-9 form should be completed in its entirety each time as well. I suggest making master copies of your W-9 and ACH forms so that you can photo copy and submit them each time. This will ease the process of having to duplicate efforts when adding providers.

Below are links for two provider bulletins for reference regarding provider enrollment changes.

http://dhhs.ne.gov/medicaid/Documents/pb1267.pdf http://dhhs.ne.gov/medicaid/Documents/pb1236.pdf

Below is the link to the provider enrollment page where you can download all current and required forms as well as information on how to submit enrollment packets.

http://dhhs.ne.gov/medicaid/Pages/med_providerenrollment.aspx

Let me know if you need assistance or have further questions.

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